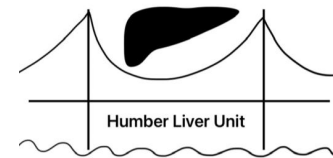


Investigation of suspected liver disease in primary care



Liver steatosis on imaging **Persistent abnormal LFT**

NILS positive
Virus serology
 HBsAg+ = Refer to Inf. Diseases (ID)
 HCV Ab+ = check PCR; if + refer ID, If - = cleared HCV (manage as NILS -)
Antibodies
 Smooth muscle or Anti-mitochondrial + = Refer liver clinic/discuss via A&G
High ferritin
 Check transferrin saturation
 If raised, refer/discuss via A&G
 If normal, manage as NILS -

Suspected cancer or obstructive disease on imaging = Refer 2ww/surgery as appropriate

Clinical concern at any point: Discuss via Trust Hepatology Advice & Guidance or Gastro on call

USS + NILS* + Risk factors for liver disease

NILS negative

None of these

Metabolic risk factors (DM/obesity/T2DM etc.)

Metabolic risk factors + alcohol >14 u/wk, but <35 u/wk F; 50 u/wk M

Alcohol-related liver disease suspected (>35u/wk F; >50u/wk M)

Consider alternative diagnosis - Discuss via A&G/refer liver clinic

MASLD

MetALD

ArLD

Fib4[§]

ELF or Fibroscan**

Tests are only valid in the population they are intended for. Fibroscan/ELF/Fib4 cannot be interpreted outside this pathway in primary care, and can cause unintended harm if used outwith these specifications

Low risk <65 <1.3*** Low risk 65+ <2

Indeterminate 1.3-3.25 (<65yr); 2-3.25 (65+)

High risk >3.25

Fibroscan >8; ELF >9.8

Fibroscan <8; ELF <9.8

Manage risk factors in Community (N.B. liver disease is not a contraindication to statin use) Repeat 3-5 yr at clinician discretion

ELF/Fibroscan if available in primary care, otherwise discuss via A&G/refer liver clinic

Refer liver clinic

Manage alcohol risk If suspected AUD, refer to community alcohol services Consider repeat Fibroscan 1-2 yr if ongoing risk

ELF <9.8 or Fibroscan <8

ELF >9.8 or Fibroscan >8

* NILS = non-invasive liver screen: liver specific antibodies, hepatitis B surface antigen (HBsAg), hepatitis C antibody (HCV Ab), ferritin, α 1-AT + Add Fib4 where MASLD suspected

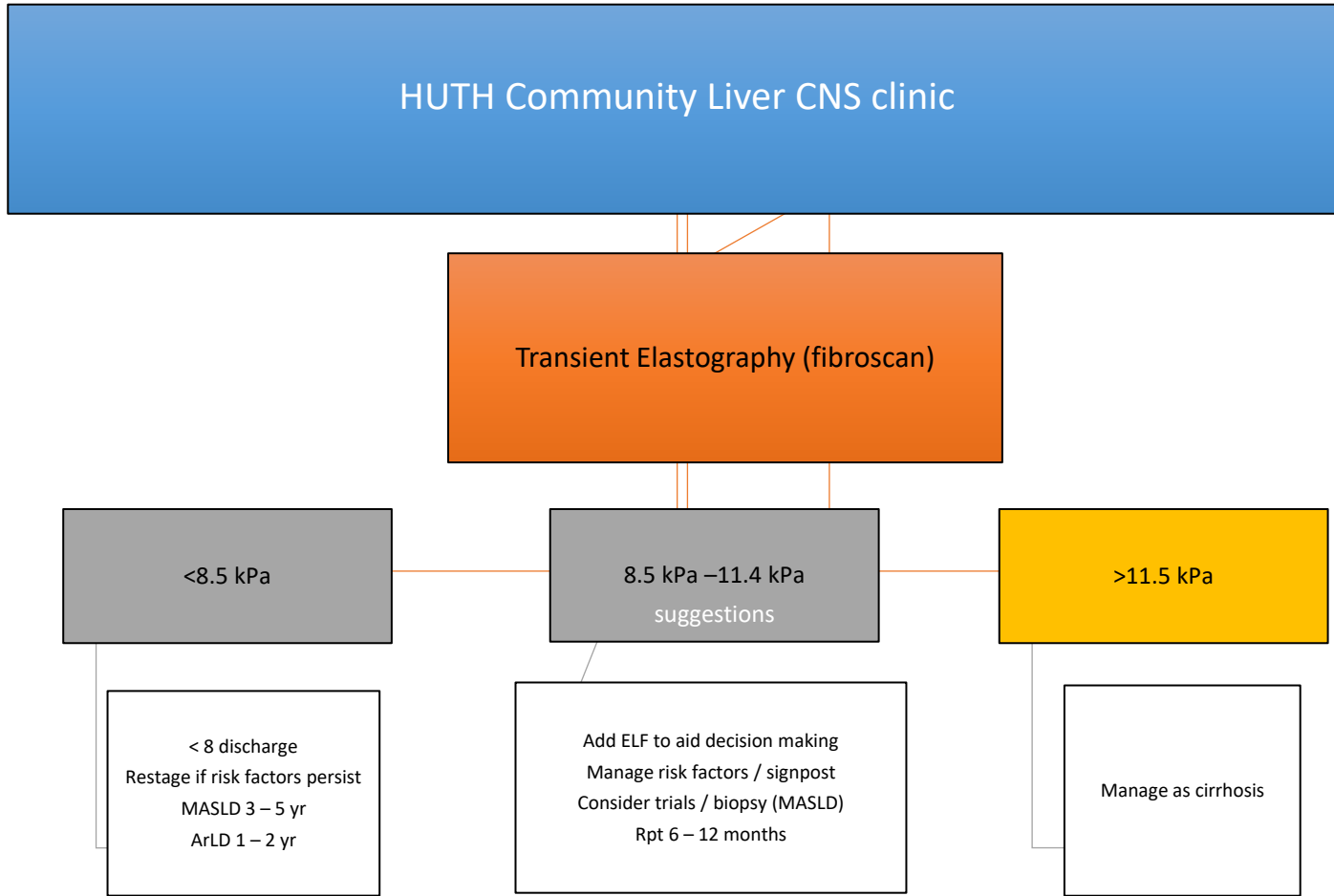
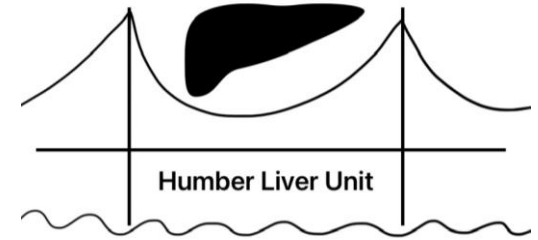
[§]Fib4 not valid in under 35s - proceed directly to ELF/Fibroscan

**Fib4 not validated in ArLD - likely to over-report fibrosis risk

***Fib4 values in over 65s: < 2 = Low risk; 2 - 3.25 Indeterminate

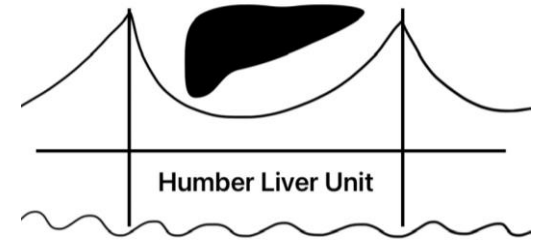
Key:
 MASLD = Metabolic dysfunction associated steatotic liver disease (prev. NAFLD)
 ArLD = Alcohol-related liver disease
 MetALD = Metabolic and alcohol risk factors
 AUD = Alcohol Use Disorder

**For secondary care decision making:
Flowchart of fibroscan thresholds in suspected MASLD/ArLD**



Consider research throughout pathway

For secondary care decision making: Flowchart of fibroscan thresholds in Early detection cohort



Humberside ODN Community Liver Health Check Pilot Pathway
(Alcohol/drug services, homeless shelters, prisons, GP practices etc.)

Transient Elastography
(fibroscan)

<8.5 kPa

Provide lifestyle advice

8.5kPa – 11.4 kPa

As per NHSE guidance – follow up with GP with repeat fibroscan offered in 2 years (currently repeated within 1 year as part of Humberside ODN Pilot)

>11.5 kPa

Validate initial fibroscan result by repeat in hospital clinic setting with Liver CNS (Full liver screen bloods & abdominal ultrasound to be requested at this appointment if result remains >11.5 kPa)

Referral into Consultant led clinic for decision re aetiology/treatment required and follow up/appropriateness of surveillance

Ongoing Consultant led clinic follow up
(Complex cases / active treatment etc.)

Nurse led stable cirrhosis clinics for surveillance and monitoring

Consider research throughout pathway